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# INTERNATIONAL REVIEW OF THE RED CROSS

APRIL 1973 - No. 145

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## **THE EMPLOYMENT OF LEGAL ADVISERS AND TEACHERS OF LAW IN THE ARMED FORCES \***

**by Dieter Fleck**

During the past few years, activities for the dissemination of international law applicable in armed conflicts have increased substantially. Yet there is no doubt that these efforts will have to be further intensified in order to reflect the increasing importance of humanitarian law in modern armed conflicts.

A most significant point in this context is the question as to which concrete measures in the field of organization and personnel utilization might appear apt to establish humanitarian law as a firm guideline governing the conduct of military personnel. We are referring here to the subject of legal advice and instruction in the armed forces and more specifically to the annexed Model submitted in May 1972 by experts of the Federal Republic of Germany at the second session of the Conference of Government Experts on the Reaffirmation and Development of Humanitarian Law Applicable in Armed Conflicts.<sup>1</sup> This Model calls for some more detailed comments.

The German experts do not raise any claim for priority as far as the concept of legal advice and instruction in the armed forces is

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\* Paper submitted to the Seminar of the International Institute of Humanitarian Law on the Teaching of Humanitarian Law in Military Institutions (San Remo, 6-18 November 1972).

<sup>1</sup> *Model for the Employment of Legal Advisers and Teachers of Law in the Armed Forces*, submitted by the Experts of the Federal Republic of Germany, Conference of Government Experts on the Reaffirmation and Development of International Humanitarian Law Applicable in Armed Conflicts, Second Session, Geneva 3 May-3 June 1972, CE/COM IV/23.

concerned. As early as at the Conference of Red Cross Experts held in The Hague in 1971, a representative of the Canadian Red Cross suggested that legal advisers be attached to the staff of military commanders.<sup>2</sup> According to this proposal, such legal advisers were to have the rank of officers. The terms of reference were to enable them to instruct commanding officers and military personnel in matters of international law applicable in armed conflicts and to initiate the steps necessary to avoid breaches of international law. In times of armed conflict, they were to devote themselves to the preparation of humanitarian negotiations notably as far as they relate to the civilian population affected by the conflict. Their main task, however, was to be to disseminate the Geneva Conventions wherever necessary. To this end, it was envisaged that the National Red Cross Societies, acting in close co-operation with the ICRC, should participate in the training of legal advisers. This proposal was taken up again at the Conference of Red Cross Experts held in Vienna in 1972.<sup>3</sup> While it was noted that the wording and the comments of the Basic Texts drawn up by the ICRC for the formulation of Additional Protocols to the Geneva Conventions did not contain a reference to this proposal, a representative of the ICRC pointed out that it was a matter for the Governments themselves to take decisions in this field.

The Geneva Conference of Government Experts dealt with the problem of legal advisers to military commanders as early as at its first session held in 1971.<sup>4</sup>

The appointment of full-time legal advisers to military commanders and the intensification of legal instruction for military

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<sup>2</sup> ICRC, Conference of Red Cross Experts on the Reaffirmation and Development of International Humanitarian Law Applicable in Armed Conflicts, The Hague, 1-6 March 1971, *Report on the Work of the Conference*, Geneva, April 1971, p. 29.

<sup>3</sup> ICRC, Conference of Red Cross Experts on the Reaffirmation and Development of International Humanitarian Law Applicable in Armed Conflicts, Second Session, Vienna, 20-24 March 1972, *Report on the Work of the Conference*, Geneva, April 1972, p. 48.

<sup>4</sup> ICRC, Conference of Government Experts on the Reaffirmation and Development of International Humanitarian Law Applicable in Armed Conflicts, Geneva, 24 May-12 June 1971, *Report on the Work of the Conference*, Geneva, August 1971, paras. 578 and 579.

personnel were suggested in connection with the dissemination of the Geneva Conventions, which was believed to offer more effective guarantees for the respect of humanitarian principles than any kind of penal sanction. Apart from experts of the Federal Republic of Germany, Swedish experts in particular have declared themselves in favour of this proposal. An opportunity of viewing the problem under a different aspect arose when the ICRC issued its "Questionnaire concerning measures intended to reinforce the implementation of the Geneva Conventions" during the preparations for the second session. In replying to this questionnaire, the Netherlands Government reverted to the suggestion that advisers to military commanders be appointed who could exercise their function, as far as possible, in conjunction with and in support of the activities of the Protecting Powers. The envisioned functions of these legal advisers were described by the Netherlands Government as follows: "They would instruct the rank and file on the law of armed conflicts and would take steps to prevent breaches of that law. The advisers might also be assigned the more general duty of supervising the observance of that law. In the Netherlands Government's view, this would have a very favourable effect on its enforcement. Moreover, it would be possible to recruit the members of the supervising teams from among the ranks of the advisers."<sup>5</sup> In the same context, the experts of Denmark suggested, during the second session of the Conference of Government Experts, that advisers in matters of international law be attached to the major military headquarters.<sup>6</sup> The proposal submitted by the experts of the Federal Republic of Germany does not prejudice the questions associated with the establishment of international supervising teams and co-operation with the National Red Cross Societies, while laying stress on the need to employ qualified legal advisers to military commanders both in peacetime and in times of armed conflict.

A brief outline of the experience gathered by the German Federal Armed Forces with regard to the activities of legal advisers

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<sup>5</sup> ICRC, Questionnaire concerning measures intended to reinforce the implementation of the Geneva Conventions of August 12, 1949, Replies sent by Governments, Geneva, April 1972, p. 3.

<sup>6</sup> Second Session, CE/COM IV/10, Proposal submitted by the Experts of Denmark, Article (iii).

and teachers of law during the past years may be given here in order to illustrate the German Model. Approximately 150 lawyers who are qualified for the office of justice are employed with the Federal Armed Forces as civil servants. They advise commanders and subordinate echelons of command on all legal problems facing the Armed Forces, especially in the field of international law and military law. They assist the commanders in the implementation of training programmes. In military schools and academies, they are charged with the instruction of personnel in all aspects of law, notably international humanitarian law.<sup>7</sup>

Legal advisers are required to be well versed in a wide range of subjects which, in the field of international law, extend from the Geneva Conventions and the Convention for the Protection of Cultural Property to the legal principles governing the use of means and methods of warfare, the law of neutrality, the law of treaties and the rules of international law designed to prevent armed conflicts and to secure peace. In the field of domestic law, they are confronted with legal problems pertaining to emergency legislation and to co-operation with civilian authorities, as well as with problems of criminal law, military disciplinary law, and general military law—subjects which will normally have to be dealt with centrally by one legal adviser for reasons of expediency. The impact of legal problems on the exercise of command authority should, of course, not be overrated. Nonetheless, the activities of the legal advisers are essential in implementing the principle of the rule of law in the armed forces.

Legal advisers in the German Federal Armed Forces have played a decisive part in the application of the legal tenets governing a modern way of leadership and character guidance.<sup>8</sup> They maintain close co-operation with the public prosecutors' offices attached to the courts, provide advice to military superiors in the imposition of disciplinary measures, and act as attorneys at the military dis-

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<sup>7</sup> Cf. Krueger-Sprengel, *The German Military Legal System*, in *Military Law Review*, Vol. 57 (1972), pp. 17 et seq.

<sup>8</sup> Now generally known as "Innere Führung".



ciplinary courts dealing with severe disciplinary offences. During military training exercises, they have to devote their attention to the strict observance of those rules of international law which, failing thorough and regular indoctrination on this specific subject, cannot be expected to be familiar to an officer with no professional legal training.

The multitude of problems of international law which legal advisers may have to deal with illustrates the need for professional legal advice to military headquarters.

Does the commander of Destroyer 3 act in conformity with the rules of international law if he allows persecuted foreign refugees to go aboard his ship in *Situation Blue*? Does a company commander commit criminal offences in *Situation Green* if he finds stocks of ammunition stored in the yard of a field dressing station and therefore orders that station to be evacuated, although this makes it impossible to bring immediate aid to the seriously wounded? Is it permissible to use police stocks of tear gas ammunition for military purposes? May acts of war be regarded as justified because they have been preceded by a warning to the enemy? What standards of international law have to be applied to captured guerilla fighters? What military transports may pass through the territory of a neutral country? This catalogue of questions can be extended *ad libitum*. This makes it clear that the individual commander—however carefully he might be prepared for his mission—will sometimes meet with insuperable legal problems if he cannot avail himself of the advice of a trained lawyer. As regards the organization and activities of legal advisers and teachers of law, we would consider that the status of civil servant as accorded to them in the Federal Armed Forces is not an indispensable element of the international model. The armed forces of many countries employ legal advisers holding the rank of officers with similarly good results as in the Federal Armed Forces. A clear delineation of responsibilities, however, appears to be a matter of great significance. A legal adviser is certainly under the obligation to comply with general instructions issued by the commander to whom he is attached, but these instructions must on no account relate to his

assessment of the legal situation. Senior legal advisers must therefore be appointed at higher echelons of command such as corps and major headquarters. Directives covering the exercise of the adviser's professional activities may only be issued by these senior legal advisers.

Procedural policy rules covering the activities of legal advisers are also required to a certain extent. The legal adviser is under the obligation to give advice to his commander and also to other commanders within his major unit. He is called upon to participate in the decision-making process whenever legal questions arise and to examine envisioned orders from the legal point of view. He bears full responsibility for the correctness of legal opinions rendered to the military authorities within the scope of his duties, and he is bound to draw attention, unequivocally and on his own initiative, to all breaches of law observed, including those that may have been committed by his own commander. The senior legal adviser attached to his major unit's superior headquarters will, as far as necessary, support him in the exercise of these functions.

Although the activities of a legal adviser to military headquarters cover a wide scope and may deeply affect decisions pertaining to operations and personnel management, only a limited number of lawyers are required for this office. In the Federal Armed Forces with a strength of about 500,000, the work of the comparatively small group of about 150 lawyers has already had a most beneficial and sustained effect. On the other hand, difficulties might arise from the small number of legal personnel. Legal advisers are distributed over the various garrisons where major military headquarters are located. They cannot be convened for meetings or even vocational training courses whenever this would appear necessary. Vacancies are frequently difficult to fill. The career prospects of experienced specialists can sometimes be improved only at the cost of a complete change of their vocational pattern. Already in the past, these aspects of personnel management, along with considerations aimed at greater professional effectiveness, have brought about a continuous exchange among lawyers acting as legal advisers and teachers of law. Such an exchange is also deemed necessary since, with

the Federal Armed Forces having no separate system of criminal jurisdiction, an exchange between legal advisers and judges or public prosecutors would meet with considerable difficulties without fully benefiting the vocational advancement of the lawyers concerned. For the future, a more frequent exchange between legal advisers and lawyers employed as civil servants in the armed forces is being contemplated. Yet the efforts aimed at vocational advancement must not lead to the disregard of structural differences between public administration and the administration of justice—differences which, in some cases, may even imply a clash of interests.

No one will deny that continuous instruction in humanitarian international law is essential for its enforcement. But it would hardly appear desirable to confine this instruction to efforts at international level. On the contrary, the armed forces of all nations will have to see to it that their efforts for instruction and indoctrination in humanitarian law are brought into line with internationally recognized standards. In view of the vast scope of modern humanitarian law and specifically in view of the lacunae that still exist in present-day international conventions, it appears essential that professional lawyers be employed to advise and instruct the armed forces on this subject which is of paramount importance to the protection of war victims. Only the continuous and systematic work of specialists will be apt to ensure that the principles of humanitarian law will be applied in practice by those on whose conduct the protection of the victims of armed conflicts will ultimately depend.

Experience derived from the administration of justice in the German Federal Armed Forces has shown that the employment of legal advisers and teachers of law in the armed forces is by no means an unrealistic concept. This model would lend itself to adoption at international level, and it is encouraging to note that it has already met with favourable response by various nations. It should be pointed out here that the concept of legal advisers within the armed forces as such is by no means quite new and that recourse to expert advisers is also provided for under the terms of international conventions. As a matter of fact, the armed forces of many nations are nowadays employing qualified lawyers with

precisely defined terms of reference, and clauses providing for the employment of advisers have been set forth in various international conventions, for instance in Article 7, para. 2, of the Convention for the Protection of Cultural Property of 1954. The proposals developed here therefore require no basic change in philosophy as regards their implementation either at national or international level.

The enforcement and dissemination of humanitarian law applicable in armed conflicts could be carried a great step forward if the following model were to be implemented. Contributions made by experts in this context will certainly bring their influence to bear.

**Dr. Dieter FLECK**

Federal Ministry of Defence,  
Bonn

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## **M o d e l**

### **for the Employment of Legal Advisers and Teachers of Law in the Armed Forces**

Within the armed forces, qualified lawyers will be employed as legal advisers in major units and as teachers of law in military schools and academies.

#### **I. Legal Advisers**

The legal adviser acts, in time of peace as in time of armed conflict, as the Commander's personal adviser in all service matters involving questions of international law. Within this scope, the legal adviser is called upon to participate in the military decision-making process and to support the commander in the execution of his command authority.

1. *Control:* The legal adviser is placed under the direct administrative control of the commander to whom he is attached and to whom he reports directly. Control in legal matters, however, is exercised by the senior legal adviser attached to the major unit's superior headquarters.

2. *Tasks:* The legal adviser shall provide advice to his commander and subordinate echelons of command, supervise legal instruction provided to the forces in the course of exercises and training programmes, and instruct officers in legal matters.  
More specifically, his tasks include the rendering of professional advice on envisaged orders involving questions of international law.

He is under the obligation to draw attention, unequivocally and on his own initiative, to all breaches of law observed.

## **II. Teachers of Law**

Teachers of law in military schools and academies are charged with the training of students and the advanced training of cadre personnel and faculty staff in all aspects of law, notably international humanitarian law. Teachers of law should have practical experience as legal advisers in a major unit.

1. *Control:* The teacher of law is placed under the administrative control of the commandant of the school or academy to which he is attached. Control in legal matters is, however, exercised by the senior legal adviser to the authority exercising administrative control over the school or academy.
2. *Tasks:* The teacher of law shall, in accordance with the training syllabus, provide instruction in all aspects of law, notably international humanitarian law, co-operate with the other members of the faculty staff in providing instruction covering related subjects, and advise the commandant of the school or academy in all service matters involving legal problems.

## MEDICAL TRAINING FOR DISASTER SITUATIONS

by J.-A. Baumann

*We take pleasure in publishing some long excerpts from an article which appeared in the Revue suisse de médecine militaire (Basle, December 1972) and which that review has very kindly permitted us to reproduce. The author, a colonel in the Swiss army medical corps and head physician of a territorial zone, gives his personal views on medical practice in disaster situations and refresher courses in institutions for the training of medical personnel, specialized auxiliaries and first-aid workers. The subject is one which will undoubtedly interest our readers, for the Red Cross is faced with mass relief problems ; and it is in conflicts or as a result of natural disasters that problems of medicine and surgery are of crucial importance, and concern doctors, nurses and first-aid workers, some of whom work under the sign of the red cross, the red crescent or the red lion and sun.*

(Editor)

Medical practice in disaster relief has a very specific aspect as compared with medicine in general, but I must point out that the difference lies in its organization rather than in its therapeutic nature. A doctor who has before him a sick or wounded person, or any other patient, will unstintingly provide care according to the knowledge and training he received at medical school. He will do so in accordance with the code of ethics of his calling, inculcated by his teachers. Doctors throughout the world draw inspiration from the Hippocratic Oath, the Prayer of Maimonides<sup>1</sup> or the Geneva Declaration<sup>2</sup>. All of this has been accepted and need not enter the type of

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<sup>1</sup> A Jewish physician and philosopher in 12th-century Spain. He was the type of doctor who could transcend nationality and religion, rise above the social and political conditions of the day, accept the truths of eternal philosophy and "invoke God" as all men can do.

<sup>2</sup> A modern code established by the World Medical Association in 1948.

training which we are about to define. The same applies to nurses and to the doctor's specialized auxiliaries, who are adequately trained for their occupation, in similar yet differentiated fashion.

What then is medical training for disaster situations? In this problem, the fundamental rules of any medical training and the essential principles of teaching in general must serve as a guide to reflection and achievement.

The essential purpose of teaching is to train. This it achieves by developing the pupil's capacity for thought and observation, by instilling in him the habit of working on his own to improve his knowledge; in short by training his mind and equipping him with a method of work. These are essential factors in education and are equally necessary for training for medical practice in disasters, but they concern rather the method followed, general considerations and conclusions, and reflections on study motivation. Training also leads to special scientific and practical knowledge, and this is where training for medical practice in disaster situations becomes decidedly more specific.

In my opinion, the first fundamental requirement is to provide training for the work to be done, bearing in mind the starting point, that is to say the level of instruction of all grades of personnel who are to be trained, and clearly to fix the aim pursued, namely the qualifications which should be obtained by students of various categories. The work to be done should therefore be defined beforehand. It might vary depending upon the organization of civil defence services, and on the medical practice in disaster situations within those services which each country or region decides to set up. Teaching should vary according to those differing conditions.

It follows that a large number of first-aiders will be needed during the first stages of relief operations. They should do their utmost to save life, by maintaining or restoring the state known as consciousness, breathing, and blood circulation. They should enable casualties to survive until a doctor can arrive on the scene, or ensure that the patient is fit for conveyance to the doctor; they should in each case discern the degree of urgency of first aid; they should distinguish between patients who may go home after an initial dressing, pending subsequent treatment as outpatients, and those who are dying and are, alas, beyond medical help.

As many first-aid workers as possible should be trained. The more competent should, besides rendering the usual first aid, be able to give injections of analgesic or resuscitating substances, or administer blood transfusions or blood substitutes, on instructions and under supervision. Nowadays we know that no medical education is valid without adequate psychological training. In preparing for medical practice in disaster situations, of which the requirements contrary to current ethics have a traumatic effect on the mind, special psychological training must be provided and must be suited to the special aspects of the care which is to be given.

As many doctors as possible will then be needed for treatment at the preliminary stage. They will do no more than the first-aiders, but where the latter fail they will resort to methods which only a doctor can apply. They will check on the care given by first-aiders in the more difficult or complex cases. They may revise evacuation priorities. The first aid which they render the patients brought to them, being more complete and lasting, will enable all to wait a few hours for second-stage treatment. Doctors will also be better able to prognosticate the death of those for whom further care can do no more than relieve pain. This activity, as we have outlined it here, clearly indicates the fairly simple yet effective and highly productive training which many doctors should receive. It should not prove difficult to train doctors, whatever their age, whether specialists or general practitioners, to give such first-stage care. A short theoretical and practical course should suffice.

Doctors will also be needed for second-stage care. This, in my opinion, is the most important problem in such training and the crucial point of medical activity in case of disaster, because there should be enough doctors to treat a large number of patients in case of need. At that stage, it would be necessary to apply current methods in surgery or in certain specialties fully enough for the treatment to be determinate. It should be possible, too, to treat cases of poisoning or infection and the medical *sequelae* of shock, so as not to encumber hospitals equipped for intensive and specialized treatment. This would imply genuine surgical training coupled with general medical training.

This brings us directly to another problem, that of the number of doctors available. In countries where the technical development



of surgery and medicine has not reached the highest peak, the situation would appear to be more favourable in this respect. It may sound like a paradox: but in the most important hospitals, the advanced surgery practised is dependent on very specialized instruments and methods, and some of the surgeons might, despite their great proficiency in their own specialty, find themselves somewhat handicapped in administering second-stage care to multiple-injury patients. It is true that "retraining" would be a rapid and easy process, for it would only be a matter of extending their practical knowledge, which at their level would soon be assimilated, without increasing their qualifications through prolonged training. But where is there today such a surplus of highly qualified surgeons as to allow a large number of them to be used for second-stage care without dangerously depleting hospitals providing third-stage care?

Surgeons in local, district or regional hospitals, who in a number of countries are excellent and have lost nothing of their medical versatility, would be the most suitable medical personnel for extra training, being easily adaptable to that stage. However, in many countries there are too few surgeons, so that one may wonder whether the requirements of medicine in disaster situations and the training it presupposes should not be accompanied by some professional reorganization, with the clear-sighted co-operation of medical associations. One may besides rightly consider that that reorganization would be for the benefit not only of the medical profession—provided it were supplied with enough adequate local hospitals—but of the population as well.

At this second stage, the doctor's auxiliaries should be nurses for general care and a few specialized nursing personnel (operating theatre nurses, anaesthetists, etc.). They would be selected from among the current personnel at that level and should, in principle, require no special training. As they are very scarce everywhere, while potential first-aid workers are, in principle, as numerous as the whole of the population, it would appear that the teaching of medicine in disaster situations should enable some of the more qualified first-aiders to rise to the level of auxiliary nurses for second-stage care.

If we agree that such second-stage care should be administered mainly by civil defence services (for it is hard to say where else

it could be given on an adequate scale), we can see the burden of teaching they will be called upon to bear. Logically, I might say that if the civil defence services were to put 50 per cent of their emergency hospitals into permanent use (and since they are standing empty pending some hypothetical disaster, they represent a large amount of idle capital, and deteriorate for want of use) they would automatically maintain an adequate corps of physicians and provide possibilities of work which they would have neither at home nor in the more specialized hospitals to which they do not belong. The task of teaching would thus be eased.

Lastly, doctors and all types of auxiliaries would be needed for third-stage care. This does not differ from the determinate and specialized care administered in the country at all times and therefore does not presuppose any special teaching. We may therefore exclude it from the various aspects of our problem. Customary medical training does provide such personnel. The sudden steep rise in the number of patients requiring third-stage care following a disaster poses not so much the problem of training medical personnel as the problem of organization, involving the arrival of a sufficient number of medical reinforcements from neighbouring or more distant areas not affected by the disaster, or the removal of patients to areas where there is still room for their treatment.

\*

From the foregoing we may conclude that the teaching of medicine in disaster situations should, in the first place, provide special general training for all doctors, for male and female nurses, specialized auxiliaries and first-aiders whose task it is to administer first and second-stage care. In addition to the principles of organization and the general principles of medicine in disaster situations, which should be taught by way of introduction with illustrations and the necessary explanatory material, all medical personnel will have to learn, or re-learn, some therapeutic acts that are simple, rapid and effective in life-saving, namely:

1. Haemostasis.
2. Revival techniques.
3. Immobilizing fractures to permit transport.
4. Preparing the patient for removal.

5. First protective dressing, with adequate antisepsis, and the cleaning of wounds.
6. The covering of burns pending the patient's removal to a centre providing specialized care.
7. Pain-reducing methods.
8. Pre-, per- and post-operative care of patients.
9. Screening for admission to treatment centre, followed by screening within the centre, and finally removal from the centre.
10. Familiarity with use and maintenance of equipment and installations for treatment (which should be standardized at the various levels and stages of treatment).

Such training should include a number of hours of theoretical courses, with ample use of audio-visual methods (to make up for certain pupils' lack of imagination or to convey an impression of reality and thereby ensure psychological training). This should be followed by some hours of practical training with mock patients. The first-aiders should if possible be afforded an opportunity, at least for one day, to see patients in an accident emergency department, or to accompany first-aid workers of a permanent ambulance service on their rounds for one or two days. Doctors should spend at least a few days in such a service.

Teaching should as far as possible be simple and reduced to essentials. Therapy should be split up and arranged in a series of operations in order that they may be repeated until they become automatic like a reflex. This offers the greatest likelihood of such acts being performed adequately despite rush, excitement or fatigue. Such automatic performance should also free part of the faculties of attention and reflection, which should always maintain their maximum power. A fundamental course on a two-tier basis, one level for first-aid workers and the other for doctors, should be followed by all persons required to care for disaster victims; on their doing so depend continuity of care and unity of action.

In addition, technical courses should be provided for male and female nurses and for specialized auxiliaries who are not professionals and whom it is proposed to train with civil defence services for levels at which second-stage care is given. Nurses' training colleges should make their teaching methods and experience available.

Again, doctors selected for second-stage care should receive fur-

ther surgical and medical training where there are not enough general practitioners to be assigned to civil defence emergency hospitals. Such theoretical and practical courses can only be held in hospitals, with the co-operation of the medical and surgical emergency services, the emergency services of various specialties, and the services of accident surgery and of locomotor system surgery.

The training acquired must be kept up. Yearly refresher courses, briefer than the training courses, should be attended by all first-aid workers who are not professional nurses and by doctors whose customary activities do not correspond to first- and second-stage care (according to the post to which they are assigned in case of disaster). Refresher courses should include a personal entrance examination to ascertain what has been retained of the earlier training and to adapt the refresher courses to individual requirements. The courses should consist of theoretical revision with copious examples and suitable practical exercises. Finally, the spirit of research and further learning should be encouraged among medical personnel.

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In conclusion, we may agree that we know, in principle, what medical training for disaster situations should be, and how it should be organized. Yet it is a heavy and complex task. There is no certainty that the means will be available in every country, and in any case the availability of such means is likely to be gradual everywhere. It is satisfying for the mind and soothing to the conscience to embark on such work at this juncture, in a general well-defined context, and gradually to build up the various parts. If necessary, the best possible use will be made of whatever means are devised, progressively with their availability. If the work is based on a sensible and adequate plan, time can only lead to success. As we have seen, the total development of such teaching must necessarily lead to some public health organization and to considerably increased facilities for the care of masses of casualties in the wake of a disaster of any kind.

**J.-A. BAUMANN**

**Professor in the Geneva Faculty of Medicine**

# INTERNATIONAL COMMITTEE OF THE RED CROSS

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## *EXTERNAL ACTIVITIES*

### **Middle East**

#### **Assistance to the Libyan aircraft victims**

On 21 February 1973, a Libyan airliner was brought down in the Sinai desert.

The ICRC promptly offered the authorities concerned its services for the transmission of information regarding the victims, and asked to be allowed to visit the survivors.

On 22 February, ICRC delegates went to Beersheba hospital where they saw the injured. Further visits were made on 27 and 28 February. All the information obtained on the condition of the survivors was immediately conveyed to the various authorities.

At the request of the governments concerned, the remains of 90 Arab passengers from the Libyan aircraft were handed over to the authorities of the Arab Republic of Egypt on 23 February. The operation took place on the Suez Canal. The body of a child subsequently found in what remained of the aircraft was also conveyed across the Suez Canal on 4 March 1973.

#### **Visits to prisoners of war**

ICRC delegates in Israel and in Arab countries, over the past few weeks, have made several visits to prisoners of war and, as usual, interviewed them privately.

*In Israel*, the 109 Arab prisoners of war (58 Egyptians, 41 Syrians and 10 Lebanese) held in a military camp prison were visited on 14 and 28 February 1973 and the five Syrian officers on 19 February.

*In the Arab Republic of Egypt*, the ten Israeli prisoners of war in a military prison were visited on 5 and 19 February 1973.

*In Syria*, the ICRC delegate visited the three Israeli prisoners of war on 1 and 14 February.

### **Operations on the Suez Canal**

On 14 February 1973, a family reuniting operation took place on the Suez Canal, under the auspices of the ICRC; 105 persons joined their people in the Arab Republic of Egypt and 63 crossed the canal in the other direction. The ICRC delegates were in the Canal zone the previous day, when 91 Egyptians from the Sinai returned from their pilgrimage to Mecca at the end of 1972, as recently announced in *International Review*.

## **Asian sub-continent**

### **Bangladesh**

ICRC delegates visited, at the end of January 1973, seventy-four Pakistani prisoners of war in the central prison of Dacca. They were not, however, permitted to converse in private with the prisoners.

### **India**

*Repatriation of prisoners.*—On 19 February, the ICRC repatriated 179 seriously wounded or sick Pakistanis (162 POWs and 17 civilians) across the Indo-Pakistani frontier post of Wagah. This was the first repatriation by train and ambulance.

At the same time, the ICRC delegates in Pakistan handed their colleagues in India some 3,000 parcels for Pakistani prisoners of war.

*Visit to seamen and other civilians.*—From 5 to 10 February, ICRC delegates in India were in the Meerut camp visiting Pakistani merchant seamen and other civilians.

### **Pakistan**

*Assistance to Bengali communities.*—The ICRC helps the Bengali communities in Pakistan, especially at Karachi, Islamabad, Peshawar

war and Lahore. Over the last few weeks, it has distributed six tons of CSM (corn-soya-milk), three tons of powdered milk, medicaments and small sums of money to needy persons.

*Mail for prisoners and detainees.*—In January, the Tracing Agency's office in Islamabad received from New Delhi 75 mailbags containing 904,845 letters from Pakistani prisoners of war in India, and 5 mailbags from Bangladesh containing 28,873 family messages for Bengali civilians and servicemen in Pakistan. The Islamabad office forwarded 33 bags containing 322,814 letters to New Delhi for distribution to Pakistani prisoners of war. It also sent to Dacca 7 bags containing 15,295 family messages from Bengali civilians and servicemen in Pakistan.

### **Delegate-General's mission in Asia**

On 4 March 1973, the ICRC Delegate-General for Asia, Mr. Jean Ott, returned from a several-week mission which took him to Pakistan, India, Bangladesh, the Republic of Vietnam, Laos, Thailand, Malaysia and Sri Lanka.

In each country he had many discussions with government authorities and National Society leaders on current problems. In addition, several working meetings were held in the countries where the ICRC maintains delegations.

*IN GENEVA***Guests of the ICRC**

On a visit to Switzerland, H.I.H. Princess Yuriko Mikasa, Honorary Vice-President of the Japanese Red Cross Society, called at the headquarters of the International Committee of the Red Cross on 14 March 1973.

Princess Mikasa, who was accompanied by her daughter Princess Masako, Mr. Tadateru Konoe, the Japanese Ambassador to the International Organizations in Geneva, and Mrs. Kitahara, was received by Mr. Marcel A. Naville, President of the ICRC, and members of the Committee and the Directorate.

Historic documents on the Japanese Red Cross were shown to Princess Mikasa, who then visited the Central Tracing Agency.

**A Word of Clarification**

*On 21 March 1973, the ICRC issued the following press release:* According to press reports on 14 March, the Delegation of the Republic of Vietnam in Paris, replying to a communication from the "Communauté vietnamienne" mentioning ill-treatment in Con Son Prison, said that "the South Vietnam detention camps, including Con Son, has been visited by international humanitarian organizations, including the International Red Cross".

The International Committee of the Red Cross would make it clearly understood that the last time its delegates inspected Con Son prison was on 11 January 1969. Since then they have been several times to Con Son but were allowed to see only several dozen prisoners of war, not the civilian detainees who constituted the immense majority of the inmates.

The ICRC repeats its earlier statements that it was precisely because of the restrictions imposed by the South Vietnam Government—particularly the prohibition of private talks with detainees—that in March 1972 it discontinued visits to interned civilians.<sup>1</sup>

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<sup>1</sup> See *International Review*, December 1972.



## ICRC ACTIVITY IN THE MIDDLE EAST IN 1972

During the year 1972, the ICRC continued in Israel, the occupied territories and the Arab countries to give assistance to persons protected under the terms of the 1949 Geneva Conventions. This assistance consisted essentially in visiting military and civilian prisoners, transmitting family messages, organizing the reuniting of dispersed families and providing relief supplies to the needy population.

### **Visits to military and civilian prisoners**

The prisoners of war detained in Israel, the Arab Republic of Egypt and Syria were visited on the average twice a month. All the prisoners were able to talk in private with the delegates and correspond regularly with their families, from whom they also received parcels.

*In Israel*, the Egyptian prisoners of war, who numbered 61 until 27 December when three were repatriated, received more than 8,300 letters and 700 parcels in 1972; they wrote about 8,000 letters to their families. The 46 Syrian prisoners of war received some 500 parcels and 3,000 letters and dispatched 4,000 letters. The ten Lebanese prisoners of war captured in June and September 1972 exchanged about 550 letters with their families.

*In the Arab countries*, the 10 Israeli prisoners of war in the Arab Republic of Egypt received more than 400 parcels and received from and sent to their families some 1,300 letters. In Syria, 100 parcels were handed to the three Israeli prisoners of war, who exchanged about 600 letters with their kin.

Several release and repatriation operations occurred in 1972: one Jordanian and three Egyptian prisoners of war returned to their homes and four Israeli civilians were released by the Jordanian authorities which had granted them prisoner-of-war status.

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*In the Israeli-occupied territories*, delegates visited about 2,600 Arab civilians detained in eight prisons in Israel and six in occupied territory. In five series of visits, they went to these prisons every two months in Israel and every month in occupied territory.

Each month the delegates distributed parcels of foodstuffs to detainees who had received no visits from their families for more than three months. In the course of the year, more than 7,000 such parcels were distributed in ten prisons. In addition, the ICRC provided various articles such as spectacles, false teeth, books, school material and so forth.

The provision of bus transport also continued for relatives of detainees who could not afford the fare to visit the prisons; 1,100 buses and 27 taxis conveyed on an average 3,500 people a month under the scheme in 1972.

Under ICRC auspices, nine Jordanians, seven Lebanese, one Syrian and one Iraqi civilian internees were repatriated.

### **Reuniting of dispersed families**

Six operations of this kind took place across the Suez Canal; 523 persons joined their kin in the Arab Republic of Egypt, and, going in the other direction, 400 returned to their families in occupied territory. In Syria, 36 persons returned to the Golan Heights. The ICRC also attended to the reuniting of dispersed families in other Arab countries. In the occupied territory of the West Bank of the Jordan, the ICRC acts only for hardship cases where families have not been able to reunite under the normal procedure.

### **Student travel**

To enable young Palestinians living in Gaza to go to Arab universities, the ICRC, since 1970, has been making arrangements for them to travel to the Arab Republic of Egypt, the Lebanon and Syria. In 1972, 47 students went to Beirut and 175 to Syria; from the latter country, 31 returned to Gaza during the year.

For Palestinians studying in Cairo, nine crossings of the Suez Canal were organized. In July, 1,652 students crossed from west to east to return to Gaza for their summer holidays; three months later, 1,601 returned to Cairo together with 779 new students.

### **Assistance to the homeless after destruction of their dwellings**

To families in the occupied territories whose dwellings had been destroyed by the Israeli army, the ICRC, co-operating with Israeli Social Welfare, distributed primary necessities: 46 tents and 417 blankets were given to the victims, mainly in the Gaza region.

### **Family messages**

The family messages forwarded for civilians numbered approximately 98,000: 52,200 messages were sent to the occupied territories and 45,700 to the Arab countries. Messages for people in the occupied territories came mostly from Jordan (24,900), the Arab Republic of Egypt (18,000), Syria (7,300), Lebanon (1,300), and other Arab countries (730). In the other direction, messages to people in the Arab countries were as follows: 17,400 to Jordan, 12,800 to the Arab Republic of Egypt, 9,200 to Syria, 2,300 to the Lebanon and 4,000 to other Arab States.

### **The tracing of missing persons**

Over the years, requests to trace civilians and military personnel missing during and after the 1967 conflict have been diminishing. Eight requests concerning military personnel reached the ICRC delegation in Israel; it was able to reply to each request. For the 153 enquiries it received about civilians, it gave 142 replies.

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## **INCREASING DISSEMINATION OF THE SOLDIER'S MANUAL**

This manual, as our readers know, reproduces and illustrates for the armed forces the essential provisions of the 1949 Geneva Conventions. The pilot edition of 10,000 copies in 1969 was sent by the ICRC to Governments and National Red Cross Societies. The booklet was revised according to their comments and published in pocket-size format. In 1971, and again in 1972, the English, French, Spanish and Arabic versions issued totalled 150,000 copies; 6,000 copies of a Portuguese version were also published.

From 1969 to the end of 1972, the ICRC supplied a total of 106,180 copies to 53 countries (26 countries in Africa, 12 in Latin America, 13 in Asia, plus Australia and the United States of America). Besides this, several countries translated and printed the manual themselves. They include Brazil (100,000 copies in Portuguese), Costa Rica (3,000 copies in Spanish), India (60,000 copies in Hindi), Kenya (6,000 copies in Swahili), and the Khmer Republic (25,000 copies in Khmer). The copies published by those countries thus total 194,000.

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### International Red Cross Assistance in Indo-China

*In our January 1973 issue, we announced the formation by the ICRC and the League of the Indo-China Operational Group (IOG) for the pooling of Red Cross resources and the co-ordinating of plans in order to ensure the most effective aid to the war victims in Indo-China as soon as a cease-fire was declared. The two international institutions of the Red Cross have called upon Mr. Olof Stroh, Secretary General of the Swedish Red Cross, to take charge, with assistance from various National Societies, of all operations. These are developing and by the end of March the situation was as follows:*

#### Needs and plans

In response to a personal invitation, Mr. Olof Stroh, Director of the Indo-China Operational Group (IOG), stayed from 17 to 24 February 1973 in the Democratic Republic of Vietnam<sup>1</sup>. On his return journey from Hanoi, Mr. Stroh stopped in various countries in Indo-China in order to meet National Red Cross representatives and IOG delegates.

*Democratic Republic of Vietnam.*—The most important and most urgent of the projects discussed by Mr. Stroh with the authorities and Red Cross of the DRVN concerned the supply of some 10,000 pre-fabricated houses for homeless families. Another pressing request put forward by the North Vietnamese Red Cross was for the supply

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<sup>1</sup> *Plate.*

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of ambulances, medicaments and medical equipment. It is estimated that the total cost of these programmes will amount to about 20 million Swiss francs.

*Republic of Vietnam.*—The National Society has requested foodstuffs for displaced persons not living in refugee camps in South Vietnam. The cost of clothing, blankets and vehicles should be added, bringing the total to 12,280,000 Swiss francs. In addition, special aid projects are also planned: equipment for a centre for paraplegics, to include a 60-bed hospital (Sw. Fr. 2,000,000); fitting out 20 provincial medical centres (Sw. Fr. 6,500,000); development of a convalescent home for amputees (Sw. Fr. 650,000); aid for four orphanages (Sw. Fr. 35,000 for the first six months of 1973). The total cost of these projects is estimated at 21,465,000 Swiss francs.

*Provisional Revolutionary Government of South Vietnam (PRG).*—In Hanoi Mr. Stroh met representatives of the Provisional Revolutionary Government of South Vietnam and members of its Red Cross. Aid was solicited from IOG for equipping a 250-bed hospital at an estimated cost of 10 million Swiss francs.

*Pathet Lao.*—After the cease-fire, Mr. Stroh was in contact with Pathet Lao representatives in Hanoi. Food and medicaments were requested, but no estimates have yet been made.

*Laos.*—In Vientiane, Mr. Stroh met members of the Lao Red Cross Society's Executive Committee. The IOG delegation in Laos took part in this meeting which made an attempt to evaluate possibilities for the extension of current refugee aid programmes. These include Red Cross assistance to refugee villages and two orthopedic centres, children's vaccination campaigns, vocational rehabilitation programmes for invalids, and the despatch of surgical equipment and medico-social teams to rural areas. Total estimates for the foregoing amount to 7,800,000 Swiss francs.

*Khmer Republic.*—Assistance to be provided by IOG in the Khmer Republic is estimated at 18,495,000 Swiss francs and includes the despatch of sundry relief supplies and the financing of a medico-social team.



Hanoi: Volunteers of the Red Cross of the Democratic Republic of Vietnam distribute hot meals to the inhabitants.

Photos: Red Cross of the Democratic Republic of Vietnam

Mrs. Trần Thị Dích, Secretary General of the Red Cross of the Democratic Republic of Vietnam, and Mr. Olof Stroh, Co-ordinator of the International Assistance of the Red Cross to Indo-China, discussing in Hanoi with members of a local Red Cross group their relief activities to aid the population.





Distribution organised by the Red Cross of the Republic of Vietnam — with the participation of delegates of the International Assistance of the Red Cross in Indo-China — to the inhabitants of a destroyed village 200 kilometres East of Saigon.

Photo Vaterlaus IOG



### **IOG field personnel**

There are now 39 delegates in Indo-China helping to co-ordinate the work of International Red Cross Assistance with that of National Societies and other Red Cross organizations. Members of ten National Societies, the League and the ICRC have been sent, and other delegates have been recruited by them. These consist of nationals of the following countries: Canada, Denmark, the Federal Republic of Germany, Finland, France, Japan, Norway, Sweden, Switzerland and Tunisia.

*In the Republic of Vietnam.*—Of the 25 delegates in the Republic of Vietnam, eleven are at present assisting members of the National Society in the four regions extending from North to South. The IOG teams travel all over the areas where they are assigned, visiting civilian hospitals, dispensaries, refugee camps, remote villages or others that have been destroyed, and helping the South Vietnamese Red Cross to distribute food, medicaments and other relief supplies.

*In the Khmer Republic.*—Five IOG delegates aid the Khmer Red Cross in their relief and development programme. This includes tracing services directed by ICRC experts, and medical care provided by a doctor-delegate, who examines daily an average of 40 patients in the Khmer Red Cross dispensaries and 100 to 120 other cases in the camps he visits four times a week.

*In Laos.*—In addition to six IOG delegates, a Swiss medical team sent by the Swiss Red Cross, consisting of a doctor and two nurses, is now at work in Laos. A second Swiss Red Cross team working under IOG auspices is due to arrive early in April, while the doctor in charge of this new team is already in Luang Prabang. The two doctors and two nurses already on the spot in North Laos are carrying out a vaccination campaign, mainly among the children, in addition to the medical care they are giving to the civilian population. According to estimates made by the Ministry of Health in Laos, approximately 2,000 persons are in need of orthopedic care and equipment.

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### Distribution of relief

*Republic of Vietnam.*—From the time the cease-fire began, on 28 January, to 5 March, about 35,000 families representing 190,000 persons received relief supplies distributed by the National Red Cross of the Republic of Vietnam and IOG delegates in the field. The relief supplies, valued at Sw. Fr. 545,850.—, included rice, tinned meat and fish, powdered milk and condensed milk, cooking utensils, mosquito nets, blankets, sleeping mats, clothing material, soap and medicaments.

*Laos.*—During the first two months of the year, the Lao Red Cross distributed to over 24,000 persons the following supplies: 2,000 blankets, 1,000 mosquito nets, 1,000 sleeping mats, over 4,000 cooking utensils, 425 kg condensed milk and powdered milk, 6 tons salted fish, nearly 4 tons salt and 10 tons rice. Dispensaries, mobile units visiting the “montagnard” tribes, and various other private or religious organizations distributed a total of 250,000 tablets of mexasform, nivaquine, multivitamins and aspirin.

*Khmer Republic.*—In January and February 1973, IOG delegates took part in the distribution of medicaments and other medical supplies, blankets, mosquito nets, milk and salt, for a total value of Sw. Fr. 89,550. Among those who received this aid were 3,700 refugees in Phnom Penh.

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*On his return from a visit to Saigon with an international Red Cross team for assistance to Indo-China, Mr. Hubert de Senarclens, ICRC press attaché, gave us the following account:*

On 27 January 1973, when the agreement on ending the war was signed, Vietnam emerged from a prolonged nightmare which will leave its mark for many years to come. In a country battered by twenty-five years of ceaseless fighting, peace cannot solve all problems from one day to another.

In December 1972, faced with the prospect of large-scale action in post-war Indo-China, the International Committee of the Red Cross and the League of Red Cross Societies set up an "Indo-China Operational Group" responsible for pooling all Red Cross resources. For the first time then, on a vast scale, the Red Cross world was being called upon to undertake a task for which working parties were marshalled in sectors as varied as logistics, personnel, administration and information. Programmes of action were drawn up for assistance and protection, and many National Red Cross Societies sent to Geneva delegates and doctor-delegates who attended two training courses on the countries of Indo-China and the humanitarian problems involved.

On 29 January 1973, the first delegates of International Red Cross Assistance arrived in Saigon, Republic of Vietnam, accompanied by a news-reporting team responsible for collecting material to help the fund-raising which had already been started in Geneva. During the first fortnight they took part in almost daily relief activities which National Red Cross leaders conducted for the population of war-ravaged areas. The teams are now pursuing those activities in the provinces, side by side with regional Red Cross Committees. They are in Da Nang for the entire area south of the 17th parallel; at Qui-Nhon, a coastal town fairly near the Hauts-Plateaux; at Can-Tho, capital of the Mekong Delta, and at Phan-Thiet, not far from Saigon.

The most serious problem in the Republic of Vietnam is that of refugees and displaced persons, who, according to some estimates, exceed a million. Most of the victims are from areas which have become uninhabitable as a result of the recrudescence of acts of war, in the spring of 1972. At that time, hundreds of thousands invaded the towns of Da Nang, Hué, Quang-Ngai, Hoi-An and Quang-Tin. In a matter of days, the civilian and military authorities had to prepare camps and provide food for refugees who for the greater part had lost their all. No one can tell when they will all be resettled in their own villages.

The Red Cross programme of assistance to refugees and displaced persons consists in aiding some 200,000 families by distributing food, medicaments and housing material over a six-month

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period as from the cease-fire <sup>1</sup>. They are already receiving aid in their present quarters, and will continue to receive aid when they return to their home areas.

During the month of February alone, the Red Cross of the Republic of Vietnam, with the co-operation of the delegates of International Red Cross Assistance, helped about 200,000 refugees and displaced persons throughout the country. Relief workers would daily bring them blankets, rice, preserved food, and fish.

In the Republic of Vietnam, we witnessed some moving scenes such as when, during a lull, whole families returned to the ruins of their home and scratched the soil in an attempt to find some article. Many tried to make a temporary shelter between two partly demolished walls or by assembling bamboo. The Red Cross, co-operating with other institutions, will help them until they are able to resume a normal existence.

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<sup>1</sup> *Plate.*

WORLD RED CROSS DAY

**“ You and Your Environment ”**

On several occasions *International Review* has referred to environment problems. It devoted an article<sup>1</sup> to the United Nations Conference in June 1972 at Stockholm, which met to examine those problems and to adopt common principles to inspire and guide the peoples of the world in the preservation and enhancement of the environment. The conference showed how necessary it is today for nations to co-operate extensively. As the United Nations Secretary-General said in his opening speech:

*... Our problems are serious and our challenges are many, but environmental concerns are causing men to look beyond the walls of what they hitherto considered to be impregnable national castles. The realization that the earth and its resources are not infinite is inevitably bringing about a reshuffling of objectives and priorities. Growth is slowly being reoriented—towards less material goals in the affluent countries, towards more rational development in the less industrialized world. Exploration of environmental issues is opening new opportunities to the developing countries . . .*

*As we now consider the choices before us, we must realize we are not faced with many separate problems, but with different aspects of a single overall problem: the survival and prosperity of all men and women and their harmonious development, physical as well as spiritual, in peace with each other and with nature . . .*

**Red Cross and the environment**

At that conference—which was attended by delegates of 113 States—the Red Cross movement was represented by the League,

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<sup>1</sup> See *International Review*, August 1972.

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which for some time has been concerned with these problems and has been helping to arouse the enthusiasm necessary for the reforms which must be undertaken. Recently, a working party set up by the League, and comprising experts from eight National Red Cross Societies, met in Geneva to examine and define possible Red Cross action for the protection and improvement of the environment.

Many National Societies, long ago or recently, have worked out programmes relating to the environment; others have only just made their initial moves in the same direction or are preparing to do so having now recognized the need. In addition, some are forming regional groups where a particular environment problem is of common concern to them. In the League publication "Panorama" (1973, No. 1), for instance, we read that Red Cross action to protect and conserve the Baltic Sea coast and tributary waters is under study by Red Cross Societies of countries bordering the Sea.

*Representatives of the National Societies of Denmark, Finland, the German Democratic Republic, the Federal Republic of Germany, Poland and Sweden, plus an observer from Norway, met in Helsinki last November to discuss a proposal by the Finnish Red Cross for a joint Red Cross Baltic Sea project which would give a major part of the action to young people of the region. Participants voted to continue study of the plan at national level and to reconvene in August for a second, extended, planning session which would include environment specialists and young people.*

*The Finnish Red Cross proposal is a follow-up to a League Board of Governors' resolution, adopted in Mexico City in 1971, which called for greater involvement of National Societies in national environmental action and stressed youth's interest in such programmes.*

*The Societies attending the Helsinki meeting exchanged information on their current or projected participation in national efforts to protect and improve the environment. The Finnish Red Cross has already set up a National Commission for environmental protection, composed of the Red Cross plus Finland's three largest environment organizations. It has drawn up a national Red Cross plan of action and model programmes for five main target areas: water; air and noise abatement; environmental poisons; waste disposal; and recreational uses of the environment. The Society hopes to launch the first*

of these programmes shortly, so they will peak around World Red Cross Day (8 May), with its theme this year " *You and Your Environment: Priority for Red Cross* ".

The Finnish Red Cross foresees " a very different year of activities " ahead of it in 1973, but predicts that environmental programmes will prove more than a short-term project for Red Cross and gradually develop into one of its regular services.

### World Red Cross Day 1973

It is therefore easy to understand why the theme proposed for World Red Cross, Red Crescent and Red Lion and Sun Day this year refers to the environment. Its title is *You and Your Environment: Priority for Red Cross* and draws attention by the direct and global manner in which it indicates the situation of the Red Cross vis-à-vis the danger which the world now realizes is threatening.

The League has prepared documentary material of a new design: it includes messages from various notables on the occasion of the World Day, information on nature conservation coupled with a more up-to-date and fuller portrait of the Red Cross, and illustrations by Walt Disney Productions exclusively for National Societies which, being unusual for the Red Cross, catch the eye of the public.

We wish full success to this World Day 1973, in the same manner as Mr. J. Barroso, Chairman of the League Board of Governors, in his message on that occasion, which he concludes by saying:

*... We are part of a community within which nothing should leave us indifferent. The problems of one nation inevitably have their repercussions on other nations. Our epoch should therefore be characterised by actions of solidarity with regard to any project and any task aimed at maintaining an ecological balance, which is imperative if human life is to be preserved.*

*However, we shall achieve nothing unless the peoples of the world adopt a new attitude, a way of thinking and a new conception of our societies so that the necessity for each individual to safeguard his environment, on which he is so closely dependent, becomes deeply rooted in the minds of all.*

*May universal brotherhood and freedom of mind, imbued with a deep feeling for mankind, lead us to struggle effectively against the*

## IN THE RED CROSS WORLD

*negative forces which are today destroying our world, this world which must be transformed into a place where life is worth living, to ensure that man's future will be abounding in promise.*

*The Red Cross is already active in this field, and there is no doubt that its 230 million members throughout the world will do everything in their power to co-operate through their National Society in the measures taken in all countries to improve the human environment. I am convinced that this is further proof of the fact that our movement, over a hundred years old, not only carries on its traditional tasks with enthusiasm, but also closely follows the evolution of our world so that it can, with the maximum efficiency, accomplish the mission entrusted to it by its founder, namely the prevention of human suffering.*

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## DISSEMINATION OF THE GENEVA CONVENTIONS

*Information continues to reach us from National Societies on the dissemination of the Geneva Conventions in their countries; the latest to be received is given below by way of information.*

### U.S.S.R.

The Alliance of Red Cross and Red Crescent Societies of the USSR has sent the ICRC a communication the main points of which are summarized as follows:

- I. The very important role played by Russia in the past and by the Soviet Union today in the formulation of rules for the purpose of alleviating the condition of victims of war, of ensuring the application of such rules and providing for penal sanctions should they be violated is very well known.



The USSR has traditionally paid wide attention to the study and future development of the norms of humanitarian law, as may be observed in the field of international law as well as in matters concerning the teaching of humanitarian rules applicable in time of armed conflict.

II. The curricula governing the teaching of international humanitarian law in Soviet higher institutes differ from previous programmes in the following essential aspects:

- (a) The teaching of international law in Soviet Russia makes a sharp distinction between, on the one hand, unjust wars, wars of pillage and wars of aggression, and, on the other hand, just wars, defensive wars and wars of liberation. To this end, great attention is directed, in the USSR, to the problem of working out norms of international law against aggression, and the experience gained by the Soviet Union during a just and liberating war has been borne in mind. Emphasis is laid on the close links that must exist between the nature and true objectives of a war and the belligerents' humane behaviour. At the same time, it is shown that wars of aggression waged by States are characterized by the violation of all the laws and customs of war.
- (b) In the syllabus of international law adopted in Soviet higher institutes, an important place is devoted to such essential measures for the prevention of war as disarmament and the prohibition of weapons of mass destruction.
- (c) Great importance is assigned to questions of responsibility for war crimes, crimes against peace, crimes against humanity and acts of genocide.
- (d) In Soviet higher institutes, more than ten per cent of the time taken up by the study of public international law is given over to the teaching of the norms of international law in the fields of prevention and humanization of war, the alleviation of the condition of victims of war and the responsibilities incurred for violations of humanitarian rules in armed conflicts, thus testifying to the attention devoted to these subjects. Further, these are included in

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Soviet courses of military penal law and are touched upon in special courses given at higher and intermediate medical colleges, while it is planned to introduce them in certain special courses intended for Asian, African and Latin American students of developing countries who have come to study in the USSR.

In several higher institutes (for example, at the Institute of International Relations), a course is given on "International protection of human rights", half of it being devoted to problems concerning the protection of human rights in armed conflicts and, in particular, to the rights and duties of International Red Cross bodies.

III. In the Soviet teaching of international law, certain subjects, relating to the prevention of war and the guarantee of the dictates of humanity in time of armed conflict, are treated in the context of the following themes:

1. History of international law.

Historical development of contemporary international law.

Russia's role in the evolution of international law.

Significance of the Decree on Peace and other Soviet Government decrees on the evolution of contemporary international law.

Second World War and international law (Soviet efforts to bring about the punishment of war criminals).

Significance of decisions by Soviet Communist Party Congresses and Programmes and Conference Documents of Communist and Workers' Parties on the theory and practice of contemporary international law.

2. Essential concepts and characteristics of modern international law.

Peaceful co-existence among States with differing socio-political systems.

International law and ethics.

Obligations according to modern international law.

3. National liberation movements and international law.

Recognition in modern international law of the right to resort to armed force to achieve freedom and independence.

4. The object of international law.  
Recognition of a belligerent.  
The concept of responsibility in international law.  
Draft law on crimes against peace and humanity.
5. USSR proposal to refuse to use force as a means of settling territorial disputes.
6. International co-operation in the defence of human rights.  
The UN Charter on international social co-operation.  
The Universal Declaration of Human Rights.  
Treaties on human rights.  
Declarations and convention on the banning of racial discrimination.  
Convention on the prevention and punishment of the crime of genocide.  
The status of refugees and displaced persons.  
Crimes against humanity and international efforts to eliminate them.
7. Codification in international law.
8. The peaceful settlement of international disputes.
9. International ways and means of preventing war.  
Prohibition in international law of wars of aggression and bellicose propaganda.  
Disarmament in international law (Soviet project for total world disarmament).  
Practical measures relating to disarmament and arms limitation.  
Neutrality in modern international law.
10. Armed conflict and international law.  
Marxist-Leninist study of war. Just and unjust wars. The laws and customs of war and their codification.  
The legal significance of a declaration of war.  
Armed forces, methods and regulations to be observed in war on land. Military force against a peaceful population is not permitted.  
Combatants and non-combatants. Partisans.  
Military occupation.

## IN THE RED CROSS WORLD

Prisoners, their status.  
Regulations pertaining to civilians, wounded and sick.  
Laws and customs of war at sea.  
The law of air warfare.  
Neutrality in wartime.  
Cessation of hostilities and state of war.  
Peace treaties.  
The responsibility of war criminals. Material responsibility  
in aggression. Convention on the imprescriptibility of war  
crimes.

- IV. Information on humanitarian principles applicable during armed conflict: meetings, conferences. In addition, Soviet scientists publish articles on this subject and at present a book sponsored by the Soviet Red Cross and entitled "International Humanitarian Law" is being prepared. It takes present-day developments into account. Moreover there is in the USSR a compendium of documents on responsibility in the event of war crimes and crimes against humanity.

\* \* \*

## GUYANA

The Guyana Red Cross Society having undertaken to promote the Geneva Conventions is doing so by means of:

- (a) radio talks over the two local stations,
- (b) talks and discussion with groups,
- (c) distribution of manuals and booklets to the armed forces and the police,
- (d) assisting police lecturers by providing relevant literature.

\* \* \*

## IRELAND

Dissemination of the Geneva Conventions is actively promoted by the Irish Red Cross Society. Its four-page summary of the Conventions is widely circulated, having been sent to all post-primary schools by the Department of Education and circulated

through the Society's branches. A set of slides made by the International Committee is available on loan and the Junior Red Cross News Letter has occasional articles on the Geneva Conventions.

At the request of the International Committee, the National Society has been in touch with universities in an effort to encourage the systematic teaching of humanitarian law, in particular the Geneva Conventions, in the faculties of Law, Political Science and Medicine.

\* \* \*

## JORDAN

For several years the Jordan Red Crescent has been conducting a nation-wide campaign to make the Geneva Conventions better known among the public. According to details supplied by the National Society recently, the main aspects of the campaign are as follows:

Two booklets in Arabic were published by the National Society in 1971; one is a summary of the Conventions, the other a study on the use and abuse of the Red Crescent emblem. In addition, the school textbook "The Red Crescent and My Country", published by the ICRC in Arabic, has been widely distributed, 50,000 copies having so far been issued to school children. Of the "Soldier's Manual", 25,000 copies have been provided to the armed forces, together with copies of the "Summary of the Geneva Conventions for Members of the Armed Forces and the General Public".

Information about the National Society's activities, Red Cross principles and the Geneva Conventions, have several times been broadcast by radio and television, especially on 8 May, World Red Cross Day. Lectures on the same subject are given at the Military College and in the Jordan University courses on international humanitarian law. University students have also been provided with information and documentary material. On various occasions lecturers, such as the President of the National Society, have explained to their audiences the significance and importance of the Geneva Conventions.

## Haiti

The Haiti Red Cross is actively pursuing the work it began some years ago in the field of blood transfusion. It may be recalled that in November 1970, the first centre, open 24 hours a day, providing a large proportion of the blood needed in the hospitals of Port-au-Prince, was inaugurated in Haiti's capital. In February 1972, a second blood centre started to operate at Cap Haitien (Département du Nord), and more recently, on 30 November 1972, a third centre was opened at Les Cayes, part of its equipment having been purchased with a grant provided by the Shôken Fund.

At a ceremony held at the inauguration of the centre, those present included the President of the Republic's personal representative, the Minister of Public Health and Population, the President and members of the National Red Cross Society Central Committee and the ICRC Delegate-General for Latin America, who also represented the League. Dr. Verrier, President of the Red Cross Regional Committee, greeted the officials and others present, after which Dr. Laroche put into words the gratitude of the Haiti Red Cross, of which he is the President, to the Government of Haiti and the international institutions of the Red Cross. He ended his speech with the following: "To promote the spirit of mutual aid and solidarity, to create that social consciousness through which a better understanding between all men is made easier, to gather together all persons of good will: such are some of the aims of the mission which the Haiti Red Cross has assumed". Mr. Nessi, Delegate-General of the ICRC, then spoke and congratulated the National Society on this further proof of its vitality in setting up yet a third blood transfusion centre, founded on the International Red Cross principle of free blood, given and received; understood thus, the inauguration of the centre was also of symbolic value.

The Minister of Public Health, Dr. Théard, expressed the felicitations and hopes of the authorities. He outlined the constant development of all the tasks accomplished by the Red Cross, adding: "Blood transfusion services now supplement the wide range of acts

that save human life, in time of peace as much as in time of war, and the very idea of the operation of Red Cross blood transfusion centres, based on blood given free of charge, has opened up a new dimension in the possibilities of therapy in this field ". Examples of what has been achieved by the Haiti Red Cross include the training of over 2,000 first-aiders since 1967, the organization, in co-operation with the Ministry of Public Health, of infant welfare courses attended by 500 students, and the promotion of a successful campaign for the extension of Red Cross local branches to the interior of the country leading to date to eleven Regional Committees' being set up.

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### **Iceland**

After the volcano erupted on the Icelandic island of Vestmanna on 23 January, the island had to be evacuated and the entire population of more than 5,000 persons had to be accommodated in Reykjavik.

In close co-operation with government officials, the Icelandic Red Cross began administrative formalities including registration of evacuees, and resettlement. Seven schoolhouses provided temporary accommodation, as did available hotels. All registration and tracing data were computerized, immediately.

The movement of household goods and personal belongings was the next problem. The Red Cross was assisted by civic organizations and volunteers, until Civil Defence authorities took over.

Certain psychological problems were noted among the displaced persons, which led the Red Cross to organize a Consultation Service. Doctors, sociologists and jurists volunteered to help. On the initiative of the Red Cross, the University of Reykjavik conducted the social work investigation.

For the immediate future, the Red Cross plans to continue operating the consultation centre, kindergarten activities, social work, juvenile work, helping elderly persons, training and perhaps education.

## IN THE RED CROSS WORLD

Many organizations and individuals, all over the world, have shown great interest in helping the population of the island in its distress. Even though the National Society has not made a formal appeal to sister Societies, many Red Cross Societies have channelled spontaneous contributions to the Icelandic Red Cross.

As always, when the interest is aroused, new ideas pop up and are realized. A most interesting one started in Norway and has caught on in other countries. Pieces of lava have been put in small plastic bags and have been sold by clubs, for fund-raising purposes.

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### Kuwait

The ICRC received from the Kuwait Red Crescent Society some interesting items of information on the work performed, from April to September 1972, by a medical team sent by the Society to Bagel Hospital, in the Arab Republic of Yemen. It is with pleasure that we inform our readers of this act of solidarity accomplished, under the emblem of the red crescent, by doctors in a country other than their own for the benefit of persons in need of medical assistance.

A surgeon of Kuwait together with his wife, also a doctor, received about 150 patients daily and examined about 40 pregnant women every week at twice-weekly consultations at the Antenatal Care Clinic. At the Preventive Services Centre, they performed vaccinations against several diseases and made periodical examinations of schoolchildren. A variety of surgical operations were performed, and a number of cases were treated in the urological section.

The Kuwait Red Crescent Society medical team, consisting of the surgeon and his wife, a male nurse and an assistant pharmacist, returned home in September 1972 and were immediately replaced by a new team.

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## M I S C E L L A N E O U S

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### WORLD HEALTH DAY

*World Health Day, April 7, marks the anniversary of the coming into force of the Constitution of the World Health Organization, and this year coincides with the Organization's twenty-fifth anniversary. As in the past, the aim of World Health Day is to draw the attention of the public to a health problem of importance in a large number of countries. The theme for 1973 is "Health begins at home", for which the Director-General of WHO has issued the following message:*

The World Health Organization ever since its inception in 1948 has concentrated on health problems affecting millions, hundreds of millions of people. Yet it seems to me fitting that on this World Health Day, WHO's twenty-fifth anniversary, we should concern ourselves with health in the little world of the family at home. Just as international health security depends on the level of health of each country in the world community, so the health of the city, the village, the hamlet, depends on the state of health in the homes that make it up.

There are innumerable ways of making the home a healthier place. Learning more about health, making the best use of available foods, disposing properly of wastes dangerous to health, helping children to grow up strong and self-reliant, planning the family so that each child has a better, brighter chance of succeeding in life, taking some basic precautions against accidents, protecting the happiness of old people—these are but a few suggestions.

In many such actions, the family needs service from the community. Water supply, vaccination against communicable diseases, and help to mothers in pregnancy and childbirth are obvious

## MISCELLANEOUS

examples. Another reason why community services are important is that, in many a home today, the elders are living in conditions very different from those they knew when they were young. In the overcrowded city, for example, their time-tested ways are perhaps no longer appropriate. Community action can smooth the process of adaptation.

Efforts to lead a healthier life may of course be foiled by one's neighbour's illness or by his bad habits; but if some diseases are communicable, so are good habits and healthy ways of living. Everybody can contribute to world health by making health begin at home.

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## **TWO ICRC PUBLICATIONS**

The ICRC, working on the preparation of the Draft Protocols which are to be submitted to the Diplomatic Conference scheduled to take place early in 1974, convened two sessions of a Conference of Government Experts, on each of which a report has been issued. These two reports, bearing the same title, may be obtained from the ICRC:

**" Conference of Government Experts on the Reaffirmation and Development of International Humanitarian Law Applicable in Armed Conflicts "—First session, Geneva, 1971.**

### **Report on the Work of the Conference**

Geneva, 1971 : 8vo, 121 pp. . . . . Sw. Fr. 15.—

\*

**" Conference of Government Experts on the Reaffirmation and Development of International Humanitarian Law Applicable in Armed Conflicts "—Second session, Geneva, 1972.**

### **Report on the Work of the Conference**

Geneva, 1972 : 8vo, vol. I	209 pp.	{ Sw. Fr. 25.— the 2 volumes
vol. II	116 pp.	

EXTRACT FROM THE STATUTES OF  
THE INTERNATIONAL COMMITTEE OF THE RED CROSS

(ADOPTED 25 SEPTEMBER 1952, AMENDED 9 JANUARY 1964 AND  
6 MAY 1971)

ART. 1. — The International Committee of the Red Cross (ICRC), founded in Geneva in 1863 and formally recognized in the Geneva Conventions and by International Conferences of the Red Cross, shall be an independent organization having its own Statutes.

It shall be a constituent part of the International Red Cross.<sup>1</sup>

ART. 2. — As an association governed by Articles 60 and following of the Swiss Civil Code, the ICRC shall have legal personality.

ART. 3. — The headquarters of the ICRC shall be in Geneva.

Its emblem shall be a red cross on a white ground. Its motto shall be "Inter arma caritas".

ART. 4. — The special rôle of the ICRC shall be:

- (a) to maintain the fundamental principles of the Red Cross, as proclaimed by the XXth International Conference of the Red Cross;
- (b) to recognize any newly established or reconstituted National Red Cross Society which fulfils the conditions for recognition in force, and to notify other National Societies of such recognition;

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<sup>1</sup> The International Red Cross comprises the National Red Cross Societies, the International Committee of the Red Cross and the League of Red Cross Societies. The term "National Red Cross Societies" includes the Red Crescent Societies and the Red Lion and Sun Society.

- (c) to undertake the tasks incumbent on it under the Geneva Conventions, to work for the faithful application of these Conventions and to take cognizance of any complaints regarding alleged breaches of the humanitarian Conventions;
- (d) to take action in its capacity as a neutral institution, especially in case of war, civil war or internal strife; to endeavour to ensure at all times that the military and civilian victims of such conflicts and of their direct results receive protection and assistance, and to serve, in humanitarian matters, as an intermediary between the parties;
- (e) to contribute, in view of such conflicts, to the preparation and development of medical personnel and medical equipment, in co-operation with the Red Cross organizations, the medical services of the armed forces, and other competent authorities;
- (f) to work for the continual improvement of humanitarian international law and for the better understanding and diffusion of the Geneva Conventions and to prepare for their possible extension;
- (g) to accept the mandates entrusted to it by the International Conferences of the Red Cross.

The ICRC may also take any humanitarian initiative which comes within its rôle as a specifically neutral and independent institution and consider any question requiring examination by such an institution.

ART. 6 (first paragraph). — The ICRC shall co-opt its members from among Swiss citizens. The number of members may not exceed twenty-five.

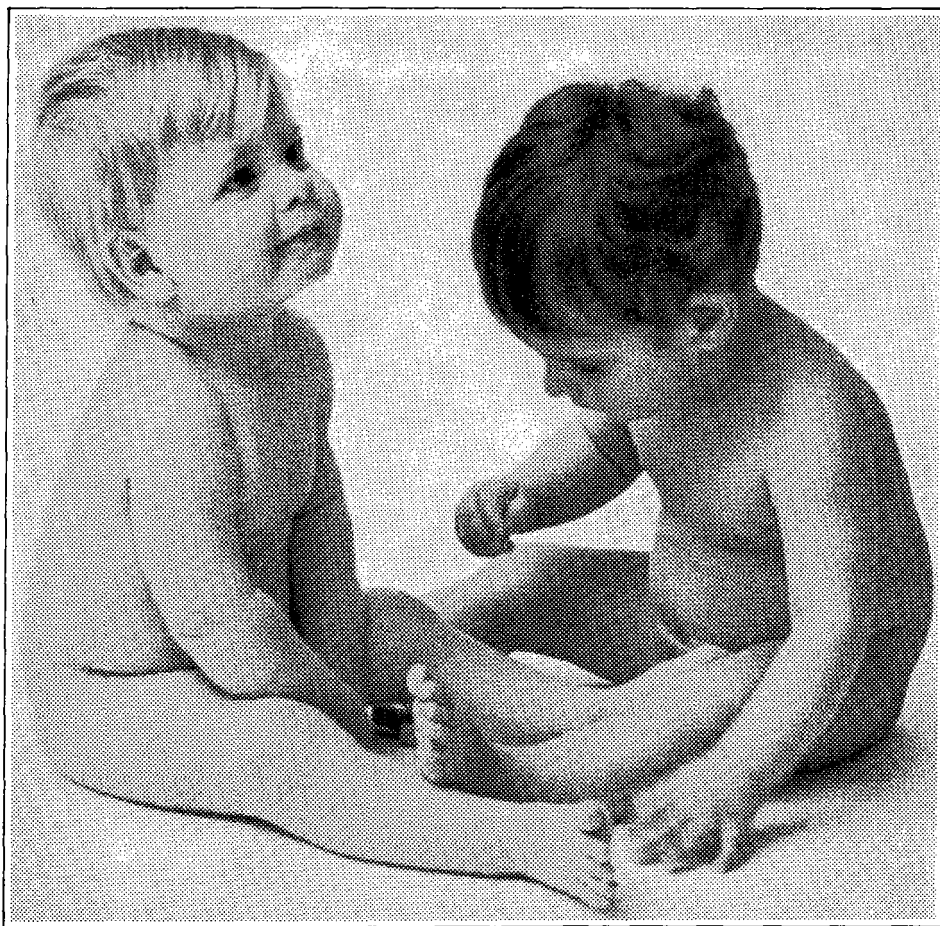


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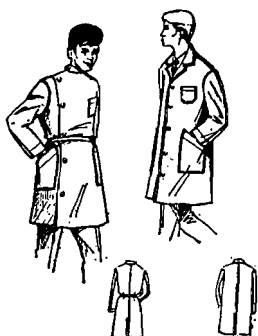


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- ALGERIA — Central Committee of the Algerian Red Crescent Society, 15 bis, Boulevard Mohamed V, *Algiers*.
- ARGENTINA — Argentine Red Cross, H. Yrigoyen 2068, *Buenos Aires*.
- AUSTRALIA — Australian Red Cross, 122-128 Flinders Street, *Melbourne 3000*.
- AUSTRIA — Austrian Red Cross, 3 Gusshausstrasse, Postfach 39, *Vienna IV*.
- BAHRAIN — Bahrain Red Crescent Society, P.O. Box 882, *Manama*.
- BELGIUM — Belgian Red Cross, 98 Chaussée de Vleurgat, 1050 *Brussels*.
- BOLIVIA — Bolivian Red Cross, Avenida Simón Bolívar, 1515 (Casilla 741), *La Paz*.
- BOTSWANA — Botswana Red Cross Society, Independence Avenue, P.O. Box 485, *Gaborone*.
- BRAZIL — Brazilian Red Cross, Praça Cruz Vermelha 10-12, *Rio de Janeiro*.
- BULGARIA — Bulgarian Red Cross, 1, Boul. S. S. Biruzov, *Sofia*.
- BURMA — Burma Red Cross, 42 Strand Road, Red Cross Building, *Rangoon*.
- BURUNDI — Red Cross Society of Burundi, rue du Marché 3, P.O. Box 324, *Bujumbura*.
- CAMEROON — Central Committee of the Cameroon Red Cross Society, rue Henry-Dunant, P.O.B. 631, *Yaoundé*.
- CANADA — Canadian Red Cross, 95 Wellesley Street East, *Toronto 284 (Ontario)*.
- CHILE — Chilean Red Cross, Avenida Santa María 0150, Correo 21, Casilla 246V., *Santiago de Chile*.
- CHINA — Red Cross Society of China, 22 Kanmien Hutung, *Peking, E.*
- COLOMBIA — Colombian Red Cross, Carrera 7a, 34-65, Apartado nacional 1110, *Bogotá D.E.*
- COSTA RICA — Costa Rican Red Cross, Calle 5a, Apartado 1025, *San José*.
- CUBA — Cuban Red Cross, Calle 23 201 esq. N. Vedado, *Havana*.
- CZECHOSLOVAKIA — Czechoslovak Red Cross, Thunovska 18, *Prague I.*
- DAHOMY — Red Cross Society of Dahomey, P.O. Box 1, *Porto Novo*.
- DENMARK — Danish Red Cross, Ny Vestergade 17, DK-1471 *Copenhagen K.*
- DOMINICAN REPUBLIC — Dominican Red Cross, Calle Juan Enrique Dunant, Ensanche Miraflores, Apartado Postal 1293, *Santo Domingo*.
- ECUADOR — Ecuadorian Red Cross, Calle de la Cruz Roja y Avenida Colombia 118, *Quito*.
- EGYPT (Arab Republic of) — Egyptian Red Crescent Society, 34 rue Ramses, *Cairo*.
- EL SALVADOR — El Salvador Red Cross, 3a Avenida Norte y 3a Calle Poniente 21, *San Salvador*.
- ETHIOPIA — Ethiopian Red Cross, Red Cross Road No. 1, P.O. Box 195, *Addis Ababa*.
- FINLAND — Finnish Red Cross, Tehtaankatu 1 A, Box 14168, *Helsinki 14*.
- FRANCE — French Red Cross, 17, rue Quentin Bauchart, F-75384 *Paris*, CEDEX 08.
- GERMAN DEMOCRATIC REPUBLIC — German Red Cross in the German Democratic Republic, Kaitzerstrasse 2, Dx 801 *Dresden 1*.
- FEDERAL REPUBLIC OF GERMANY — German Red Cross in the Federal Republic of Germany, Friedrich-Ebert-Allee 71, 5300, *Bonn 1*, Postfach (D.B.R.).
- GHANA — Ghana Red Cross, National Headquarters, Ministries Annex A3, P.O. Box 835, *Accra*.
- GREECE — Hellenic Red Cross, rue Lycavittou 1, *Athens 135*.
- GUATEMALA — Guatemalan Red Cross, 3a Calle 8-40, Zona 1, *Ciudad de Guatemala*.
- GUYANA — Guyana Red Cross, P.O. Box 351, Eve Leary, *Georgetown*.
- HAITI — Haiti Red Cross, Place des Nations Unies, B.P. 1337, *Port-au-Prince*.
- HONDURAS — Honduran Red Cross, 1a Avenida entre 3a y 4a Calles, N° 313, *Comayagüela, D.C.*
- HUNGARY — Hungarian Red Cross, Arany Janos utca 31, *Budapest V.*
- ICELAND — Icelandic Red Cross, Øldugøtu 4, Post Box 872, *Reykjavik*.
- INDIA — Indian Red Cross, 1 Red Cross Road, *New Delhi 1*.
- INDONESIA — Indonesian Red Cross, Djalan Abdulmuhs 66, P.O. Box 2009, *Djakarta*.
- IRAN — Iranian Red Lion and Sun Society, Avenue Ark, *Tehran*.
- IRAQ — Iraqi Red Crescent, Al-Mansour, *Baghdad*.
- IRELAND — Irish Red Cross, 16 Merrion Square, *Dublin 2*.
- ITALY — Italian Red Cross, 12 via Toscana, *Rome*.
- IVORY COAST — Ivory Coast Red Cross Society, B.P. 1244, *Abidjan*.
- JAMAICA — Jamaica Red Cross Society, 76 Arnold Road, *Kingston 5*.
- JAPAN — Japanese Red Cross, 1-1-5 Shiba Daimon, Minato-Ku, *Tokyo 105*.
- JORDAN — Jordan National Red Crescent Society, P.O. Box 10 001, *Amman*.
- KENYA — Kenya Red Cross Society, St Johns Gate, P.O. Box 40712, *Nairobi*.
- KHMER REPUBLIC — Khmer Red Cross, 17 Vithei Croix-Rouge khmère, P.O.B. 94, *Phnom-Penh*.
- DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA — Red Cross Society of the Democratic People's Republic of Korea, *Pyongyang*.
- REPUBLIC OF KOREA — The Republic of Korea National Red Cross, 32-3Ka Nam San-Dong, *Seoul*.
- KUWAIT — Kuwait Red Crescent Society, P.O. Box 1359, *Kuwait*.
- LAOS — Lao Red Cross, P.B. 650, *Vientiane*.
- LEBANON — Lebanese Red Cross, rue Général Spears, *Beirut*.

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- LIBERIA — Liberian National Red Cross, National Headquarters, 107 Lynch Street, P.O. Box 226, *Monrovia*.
- LIBYAN ARAB REPUBLIC — Libyan Red Crescent, Berka Omar Mukhtar Street, P.O. Box 541, *Benghazi*.
- LIECHTENSTEIN — Liechtenstein Red Cross, FL-9490 *Vaduz*.
- LUXEMBOURG — Luxembourg Red Cross, Parc de la Ville, C.P. 1806, *Luxembourg*.
- MADAGASCAR — Red Cross Society of Madagascar, rue Clémenceau, P.O. Box 1168, *Tananarive*.
- MALAWI — Malawi Red Cross, Hall Road, *Blantyre* (P.O. Box 30080, Chichiri, *Blantyre* 3).
- MALAYSIA — Malaysian Red Cross Society, 519 Jalan Belfield, *Kuala Lumpur*.
- MALI — Mali Red Cross, B.P. 280, route de Koulikora, *Bamako*.
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- SPAIN — Spanish Red Cross, Eduardo Dato 16, *Madrid 10*.
- SRI LANKA (Ceylon) — Red Cross Society of the Republic of Sri Lanka, 106 Dharmapala Mawatha, *Colombo 7*.
- SUDAN — Sudanese Red Crescent, P.O. Box 235, *Khartoum*.
- SWEDEN — Swedish Red Cross, Artillerigatan 6, S-114 51, *Stockholm 14*.
- SWITZERLAND — Swiss Red Cross, Taubenstrasse 8, B.P. 2699, *3001 Berne*.
- SYRIA — Syrian Red Crescent, Bd Mahdi Ben Barake, *Damascus*.
- TANZANIA — Tanganyika Red Cross Society, Upanga Road, P.O.B. 1133, *Dar es Salaam*.
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- TURKEY — Turkish Red Crescent, Yenisehir, *Ankara*.
- UGANDA — Uganda Red Cross, Nabunya Road, P.O. Box 494, *Kampala*.
- UNITED KINGDOM — British Red Cross, 9 Grosvenor Crescent, *London, S.W.1 X 7 E.J.*
- UPPER VOLTA — Upper Volta Red Cross, P.O.B. 340, *Ouagadougou*.
- URUGUAY — Uruguayan Red Cross, Avenida 8 de Octubre 2990, *Montevideo*.
- U.S.A. — American National Red Cross, 17th and D Streets, N.W., *Washington 20006, D.C.*
- U.S.S.R. — Alliance of Red Cross and Red Crescent Societies, Tcheremushki I. Tcheremushkinskii proezd 5, *Moscow B-36*.
- VENEZUELA — Venezuelan Red Cross, Avenida Andrés Bello No. 4, Apart. 3185, *Caracas*.
- DEMOCRATIC REPUBLIC OF VIET NAM — Red Cross of the Democratic Republic of Viet Nam, 68 rue Bà-Triệu, *Hanoi*.
- REPUBLIC OF VIET NAM — Red Cross of the Republic of Viet Nam, 201 đường Hồng-Thập-Tu, No. 201, *Saigon*.
- YUGOSLAVIA — Red Cross of Yugoslavia, Simina ulica broj 19, *Belgrade*.
- ZAIRE (Republic of) — Red Cross of the Republic of Zaire, 41 av. de la Justice, B.P. 1712, *Kinshasa*.
- ZAMBIA — Zambia Red Cross, P.O. Box R.W.1, 2838 Brentwood Drive, *Lusaka*.